

Refer to ☐ FP ☐ EPS ☐ Code Enforcement ☐ Building Department☒ In Disclosure Program

Area Inspector

Station/Div 1

Self - Insp Y/N : N

Inspector FP8 Thang Nguyen Shift N Inspector EPS FP8 Thang Nguyen

Fire District 1327

Start Date Freq 12 Next FD Insp Date 7 / 2011 Freq 12 Next EPS Insp Date 7 / 2011

Business Information

Business Name EXECUTIVE RV CENTER/GUARDIAN STORAGE

Business Phone 714 680-0295

Address 2100 E ORANGETHORPE Ave

Fax No. 714 680-3849

Complex name

E-Mail

Contact Type	Name	Type	Phone	Type	Phone	<input type="checkbox"/> More contacts on back
Business Owner	LEBARON INVESTMENTS	Primary	714-680-3812			
Address type	Address					
Emergency One	A.J. POMEROY	Primary	714-680-0295	Best after hou		
Address type	Address					
Emergency Two	BRAD FISHER	Primary	714-680-0295	Best after hou		
Address type	Address					
Inspection Contact	A.J. POMEROY	Primary	714-680-0295			
Address type	Address					
Property Owner	EDDIE FISCHER	Primary				
Address type	Address 2020 E ORANGETHORPE Ave			FULLERTON	CA 928315327	

Building Information

Contacts - Inspection, Emergency, Business owner, Property Owner, Property Mgmt

Bus. Lic # 112056 Exp. Occ. Load Group H-3 Business Type:

FDC Location "ON ORANGETHORPE, BY Gate Access Code Fire Alarm Code 704 placard

Construction Type Stories 1 Building Sq. Ft. 42000 Unit Sq. Ft. 0 ☐ Common Attic

Description Roof Type # of Units in Building

Sprinklers (F/P/N) F 5 yr Test Date 11 / 2009 Supervised Alarm (Y/N) Y # of Employees

Protection Systems

Pvt. Hyd Date One No of Private Hydrants 6 Local Id Number 21104

Pvt. Hyd Date Two Water district CITY

Visits**Lock Boxes**

07/20/2011 248 Annual Disclosure V. VIOLATIONS NOTED

"BY WEST SIDE ROLL UP DOOR, ABOVE EN

07/20/2011 248 Annual Life Safety VIOLATIONS NOTED

09/01/2009 52 5 yr certification INITIAL TEST / INSPECTION

Special Information**Responding Unit Comments**

U

Permit Information**Violation History**

5146 LPG - Liquefied Petroleum Gases

5175 Fire Hydrant & Water Control Valves

07/20/2011

07/20/2011

07/20/2011

03/31/2009

03/31/2009

1001.5.2

H&SC

1011.2

FAILURE TO REVIEW AND UPDA

FAILURE TO IMPLEMENT A BUSI

EXTINGUISHERS MUST BE SERV

A hazardous materials disclosure rr

Exit signs shall have two sources of

Visit Info-Date / / Employee No. Name Type Disp Hours Spent

Life Safety - Inspection Information for - 92031 District 1327

Refer to ☐ FP ☐ EPS ☐ Code Enforcement ☐ Building Department ☒ In Disclosure Program File # 1674
Area Inspector _____ Station/Div 3 Self - Insp Y/N : N
Inspector E3 Engine 3 Shift C Inspector EPS Fire District 1327
Start Date _____ Freq 24 Next FD Insp Date 4 / 2012 Freq _____ Next EPS Insp Date /

Business Information

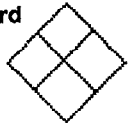
Business Name Autocare Leasing & Sales Business Phone 714 680-3815
Address 2100 E ORANGETHORPE Ave # A Fax No. _____
Complex name _____ E-Mail _____

Contact Type	Name	Type	Phone	Type	Phone	<input type="checkbox"/> More contacts on back
Business Owner	EDDIE FISHER	Primary	714-680-3812			
Address type	Address					
Emergency Two	BRAD FISHER	Primary		Best after hou		
Address type	Address					
Inspection Contact	BRAD FISCHER	Primary	714-680-3815			
Address type	Address					
Property Owner	EDDIE FISCHER	Primary				
Address type	Address	2020 E ORANGETHORPE Ave		FULLERTON	CA 928315327	
Address type	Address					

Building Information

Contacts - Inspection, Emergency, Business owner, Property Owner, Property Mgmt

Bus. Lic # _____ Exp. _____ Occ. Load _____ Group B Business Type: Motor vehicle or boat sales, s
FDC Location "on orangethorpe, left of eas Gate Access Code _____ Fire Alarm Code 704 placard
Construction Type _____ Stories 1 Building Sq. Ft. 0 Unit Sq. Ft. 1750 ☒ Common Attic
Description _____ Roof Type _____ # of Units in Building _____
Sprinklers (F/P/N) F 5 yr Test Date 11 / 2009 Supervised Alarm (Y/N) N # of Employees _____
Protection Systems _____
Pvt. Hyd Date One _____ No of Private Hydrants 6 Local Id Number _____
Pvt. Hyd Date Two _____ Water district CITY

**Visits****Lock Boxes**

04/13/2010 F240 Annual Life Safety NO VIOLATIONS OBSERVED
09/01/2009 52 5 yr certification INITIAL TES/ INSPECTION
05/23/2008 108 Annual Life Safety NO VIOLATIONS

Special Information**Responding Unit Comments****Permit Information****Violation History**

01/06/2006 1002.1 Provide extinguishers with a minimu

Visit Info-Date ____/____/____ Employee No.____ Name____ Type____ Disp____ Hours Spent____

MWNA-WZI 213522



2100 E. ORANGETHORPE AVE.

Fullerton Fire Department FIRE CODE PERMIT

312 E. Commonwealth Ave, Fullerton CA 92832-2099

Main: (714) 738-6500 Fax: (714) 738-3392

e-mail: FFPrevention@ci.fullerton.ca.us



EXECUTIVE RV STORAGE
2100 ORANGETHORPE
FULLERTON, CA
KURT VANDERWEST 714-299-8102

As required by Appendix Chapter 1 Section 105 of the 2007 California Fire Code, and Fullerton Municipal Code Chapter 13.20, the following materials, processes or operations are permitted:

Fire Code Permit - BR C00 20472

Permit No.	Permit Description	Issued	Expires
5175	To Use or Operate Fire Hydrant	9-1-09	9-2-09

Water Control Valves Intended
for Fire Suppression

Fee: \$135.00

Conditions: Permit holder shall use appropriate "Best Management Practices" (e.g. removal of Debris, diversion/diffusion of flow) to prevent discharge of pollutants to storm drain, in addition to the requirements of the Fullerton Fire Department Standard # 4.
5 YR CSFM - FDC witnessed by FP1 @ 1415 hours

This permit is issued pursuant to the requirements and conditions as set forth in the California Fire Code, and other City, State and Federal Statutes, and nationally recognized standards. Final approval and continuing effort of this permit are subject to compliance with Fullerton Fire Department Rules and Regulation and field inspection.

This permit is subject to revocation for proper cause or when necessary for public safety.

Non-compliance with any provision stipulated herein constitutes a violation of the above code.

This permit does not take the place of any license required by law and is not transferable.

**This permit is only VALID UPON RECEIPT OF PAYMENT and when signed by Fullerton Fire Department Fire Marshal or authorized designee.*

Fire Marshal C. Thomas Thompson
(or authorized designee)

Inspector

August 26, 2009
Date

Received by Kurt Vanderwest

POST IN A CONSPICUOUS PLACE

Permit Fee(s) \$ 135.00 To be billed: _____ Payment Received: 388862
(check #, cash) Initials h

PERMIT RECORD# _____ (FFD use only) Original - FFD Copy - Customer

MWNA-WZI 213524

FILE

Fullerton Fire Department

FIRE CODE PERMIT

312 E. Commonwealth Ave., Fullerton, CA 92832-2099

(714) 738-6500 fax (714) 738-3392

email: FFPrevention@ci.fullerton.ca.us



POSTED
ORIGINAL

2100 E Orangethorpe

FULLERTON, CA 92831

Vanderwest Sprinkler - Kurt 714-521-5878

As required by Article 1 Section 105 of the 2001 California Fire Code, and Fullerton Municipal Code Chapter 13.20, the following materials, processes or operations are permitted:

Fire Code Permit - BR

21849

Permit No.	Permit Description	Issued	Expires
5175	To Use or Operate Fire Hydrant Water Control Valves Intended for Fire Suppression	1/22/04	1/23/04

Fee: \$103.00

Conditions:
Five Year Certification

This permit is issued pursuant to the requirements and conditions as set forth in the California Fire Code, and other City, State and Federal Statutes, and nationally recognized standards. Final approval and continuing effort of this permit are subject to compliance with Fullerton Fire Department Rules and Regulation and field inspection.

This permit is subject to revocation for proper cause or when necessary for public safety.

Non-compliance with any provision stipulated herein constitutes a violation of the above code.

This permit does not take the place of any license required by law and is not transferable.

***This permit is only VALID UPON RECEIPT OF PAYMENT and when signed by Fullerton Fire Department Fire Marshal or authorized designee.**

Fire Marshal [Signature]
(or authorized designee) Inspector

1-29-04
Date

Received by [Signature]

POST IN A CONSPICUOUS PLACE

Permit Fee(s) \$ 103

To be billed: _____

Payment Received: 7532

(check # cash)

Initials [Signature]

PERMIT RECORD# _____ (FFD use only)

Original - FFD

Copy - Customer

MWNA-WZI 213525



FULLERTON FIRE DEPARTMENT
CORRECTION NOTICE
 312 E. Commonwealth Ave.
 Fullerton, CA 92832
 (714) 738-6500

Page ____ of ____

Date 7/20/11

Business Name EXECUTIVE RV CENTER Contact A.J. Phone 680-0295

Business Address 2100 E ORANGETHORPE Unit# - Distr 27

THE VIOLATIONS NOTED BELOW MUST BE CORRECTED IMMEDIATELY

The first compliance reinspection will be conducted on or about 8/3/11. Please call (714) 738-6500 if you have any questions. Failure to make required corrections by the due date will result in an additional reinspection and a fee of \$ ____.

Date
Cleared:

CFC:
☐ 505.1
☐ 506.1

ADDRESS NUMERALS/KEY BOXES/KEY GATES

Address numerals shall be plainly visible from the street fronting the property and any alleyway serving the property.
Key box/lock/switch is required. Order forms must be submitted to and signed by the Fire Marshal.

FIRE PROTECTION EQUIPMENT

- ☐ 901.6 A five-year certification test is required on sprinkler system/standpipe/private hydrant.
- ☐ 906.1 Provide _____ extinguishers of the following type: 2A:10BC Minimum Rating with California State Fire Marshal tag.
- ☒ 906.2 Extinguishers shall be serviced annually/mounted/made accessible.
- ☐ 507.5.4 Access clearance shall be provided around fire-protection equipment.
- ☐ 904.11.5.2 A K-type fire extinguisher is required within 30 feet of a kitchen with a deep fat fryer.
- ☐ 904.11.6.4 Kitchen hood extinguishing systems shall be serviced every 6 months.

EXITS

- ☐ 1003.6 All exits and exit doors must be unobstructed.
- ☐ 1008.1.9.1 Door hardware shall open without key, special knowledge or effort. Remove unapproved locking devices from doors.
- ☐ 1011.1 Exit signs shall be installed/maintained at required exit doorways and where otherwise necessary to indicate the direction of egress.
- ☐ 1030.7 All security bars on windows in sleeping rooms must have a release mechanism operable from the inside.
- ☐ 1011.2 Exit signs shall be internally or externally illuminated.

ELECTRICAL

- ☐ 605.1 Circuit breakers may not be taped or secured in the "ON" position. *Note: Exit light/Fire alarm circuits have lock-on devices.*
- ☐ 605.5 Extension cords may not be used as a substitute for permanent wiring.
- ☐ 605.4 Multi-plug adapters are prohibited unless equipped with U.L. listed circuit breakers.
- ☐ 605.3 Minimum 36" clearance shall be provided in front of electrical panels.
- ☐ 605.6 Approved covers shall be provided for all switch and outlet boxes. Open junction boxes or wiring splices are prohibited.

STORAGE

- ☐ 315.2.1 Storage inside buildings shall be orderly/18" below sprinklers/24" below ceiling (no sprinklers).
- ☐ 315.2.4 Storage is prohibited in attics, under floors or in concealed spaces unless approved.

HAZARDOUS MATERIALS

- ☐ H&SC A Hazardous Materials Disclosure must be submitted for 55 gallons, 500 pounds, or 200 cubic feet of a hazardous material.
- ☐ 2703.5 Provide approved placards for building. Appropriately label chemical or hazardous waste containers.
- ☐ 3003.5.3 Compressed gas containers, cylinders, and tanks shall be secured by an approved method to prevent falling.

SMOKE DETECTORS

- ☐ 907.2.9 Smoke detector shall be provided in every existing guest room in a hotel, motel, dwelling unit, or central hall of an apartment.

GENERAL

- ☐ 703.1 All missing ceiling tiles must be replaced. All holes in walls and/or ceiling must be repaired.
- ☐ 105.1.1 Obtain permit(s) for the following: _____

COMMENTS: _____

PLEASE CORRECT ALL VIOLATIONS IMMEDIATELY. FAILURE TO DO SO BY THE DATE INDICATED WILL RESULT IN A SUBSEQUENT REINSPECTION AND A FEE BEING ASSESSED.

Inspector NGUYEN, 248
January 2011/Correction Notice

FFD Company/Shift FP8
White copy - Fire Prevention

Received By [Signature]
Yellow Copy - Owner/Operator

MWNA-WZI 213527



FULLERTON FIRE DEPARTMENT

312 E COMMONWEALTH AVE., FULLERTON, CA 2832-2099

(714) 738-6500 FAX (714) 738-3392

Email: FFPrevention@ci.fullerton.ca.us

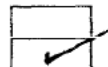
METRO NET Dispatch (714) 738-6122, NON-EMERGENCY
EMERGENCY 911

FILE

FIRE SPRINKLER SYSTEM INSPECTION FORM

REPORT OF INSPECTION

REPORT OF APPENDIX III-C TEST



NOTIFY FIRE PREVENTION (714) 738-6500, 24 HRS. PRIOR TO BACKFLOW TO SCHEDULE INSPECTOR AND OBTAIN PERMIT

BUSINESS NAME:	EXECUTIVE RV STORAGE			DATE:	
ADDRESS:	2100 ORANGETHORPE AVE		CITY/ZIP:	FULLERTON	
OWNER'S REP.:	JOHN LONG	X363	PHONE:	680-3812	FAX:
OWNER'S REP. MAILING ADDRESS:	2020 ORANGETHORPE AVE, FULL				
MAIL REPORT ATTN:			SPK. CO. INSPECTOR:		
TESTING/SPRINKLER CO.:	VANDERWEST SPR	LIC#:	477231	PHONE:	521-5878
ADDRESS:	7472 BRIAN LANE		CITY/ZIP:	LA PALMA 90623	
BACKFLOW TEST WITNESSED BY FFD REP.:	C. Thomas Thompson			DATE:	09/01/09
SYS. DESIGN/DENSITY:		HEAD TEMP:		ORIFICE SIZE:	
				SPR. MFG.:	

Explain All "No" Answers on Deficiency Report (Ref: Page 5)

1. General

- A. Is the building occupied according to information furnished by the owner?
- B. Is occupancy unchanged since the previous inspection?
- C. Are all systems in service?
- D. Are all fire protection systems same as last inspection?
- E. Is building completely sprinklered?
- F. Are all new additions and building changes properly protected?
- G. Is all stock or storage placed 18" below sprinkler deflectors?
- H. Was property free of fires since last inspection? (Explain any fires on separate sheet.)
- I. In areas protected by wet system, does the building appear to be properly heated in all areas?

Yes	No	N/A
✓		
✓		
✓		
✓		
✓		
✓		
✓		
✓		
✓		

2. Control Valves (See Section 16)

- A. Are all sprinkler system main control valves open?
- B. Are all other valves in the proper position?
- C. Are all control valves in good condition and sealed or supervised?

✓		
✓		
✓		

3. Water Supplies (See Section 17)

- A. Was a water flow test made and results satisfactory?

✓		
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4. Tanks, Pumps, Fire Department Connections

- A. Are pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained?
- B. Are the fire department connections in satisfactory condition, couplings free, threads clear, caps in place and check valves tight?
- C. Are the fire department connections accessible and visible?

		✓
✓		
✓		

5. Wet Systems (See Section 13)

- A. Are cold-weather valves open or closed as necessary?
- B. Have anti-freeze systems been tested and left in satisfactory condition?
- C. Are alarm valves, water-flow indicators and retard units in satisfactory condition?

Yes	No	N/A
		✓
		✓
✓		

6. Dry Systems (See Section 14)

- A. Is dry valve in service and in good condition?
- B. Are air pressure and priming water level normal?
- C. Is air compressor in good condition?
- D. Were low points drained during fall and winter inspection?
- E. Are quick-opening devices in service?
- F. Have dry valves been trip tested satisfactorily as requested?
- G. Are dry valves adequately protected from freezing?
- H. Are valve house and heater condition satisfactory?

7. Special Systems (See Section 18)

- A. Were valves tested as required?
- B. Were all heat responsive systems tested and results satisfactory?
- C. Were supervisory features tested and results satisfactory?
- D. Did all special devices (mechanical vents, magnetic door holders, etc.) activate in an appropriate manner?

8. Alarms

- A. Are water motor and gong test satisfactory?
- B. Is electric alarm test satisfactory?
- C. Is supervisory alarm service test satisfactory?
- D. Was flow switch delay timer set properly?

✓		
✓		
✓		
✓		

9. Sprinklers – Piping

- A. Are all sprinklers in good condition, unobstructed, and free of corrosion or loading?
- B. Are all sprinklers less than 50 years old?
- C. Are extra sprinkler heads readily available?
- D. Are the conditions of piping, drain valves, check valves, hangers, pressure gages, open sprinklers, and strainers satisfactory?
- E. Is hand hose on the sprinkler system satisfactory? Date of last Hydro Test?
- F. Does the exterior condition of sprinkler system appear to be satisfactory?
- G. Have sprinklers been checked for proper temperature rating?

✓		
✓		
✓		
✓		
✓		
✓		
✓		
✓		

10. Date Dry-System Piping last checked for stoppage?

11. Date Dry-System Piping last checked for proper pitch?

12. Date Dry-Pipe Valve last trip tested?

13. Wet Systems:	#	<div style="border: 1px solid black; width: 40px; height: 15px;"></div>	Make and Model:	<div style="border: 1px solid black; width: 300px; height: 15px;"></div>
14. Dry Systems:	#	<div style="border: 1px solid black; width: 40px; height: 15px;"></div>	Make and Model:	<div style="border: 1px solid black; width: 300px; height: 15px;"></div>
15. Special System:	#	<div style="border: 1px solid black; width: 40px; height: 15px;"></div>	Type:	<div style="border: 1px solid black; width: 300px; height: 15px;"></div>
Make and Model:			Condition:	<div style="border: 1px solid black; width: 200px; height: 15px;"></div>

16. Control Valves			Open		Secured		s		Operated		Condition
#?	Type?		Yes	No	Yes	No	Yes	No	Yes	No	
City connection control valve		DSY	✓		✓		✓		✓		GOOD
Tank control valves											
Pump control valves											
Sectional control valves (PIV)											OK
System control valves		PIV	✓		✓		✓		✓		
P.I.V. or O.S. & Y. valves											
Underground gate valves											

17. Water-Flow Test

Water Pressure?		City		PSI		Tank		PSI		Fire Pump		PSI
Water-flow Test?	Yes		No		If no test, why?							
Test Pipe Located	Size Test Pipe	Pressure Before	Flow Pressure	Pressure After	Test Pipe Located	Size Test Pipe	Pressure Before	Flow Pressure	Pressure After			
RISER	2	75	70	75	AVG	2 SYSTEMS						

18. Standpipe Dry ☐ Wet ☐

Yes No N/A

A. Class I Standpipe

Air Test @ PSI

Hydrostatic Test @ PSI for Min.

Flow test:

Location	<input type="text"/>	Flow	<input type="text"/>	GPM @	<input type="text"/>	PSI
Location	<input type="text"/>	Flow	<input type="text"/>	GPM @	<input type="text"/>	PSI
Location	<input type="text"/>	Flow	<input type="text"/>	GPM @	<input type="text"/>	PSI

Friction loss in system: Inlet PSI: Outlet: PSI: Friction Loss:

Exercise all valves

Approved caps & plugs installed?

B. Class II Standpipe & Class III Combination System

Flow test:

Location	<input type="text"/>	Flow	<input type="text"/>	GPM @	<input type="text"/>	PSI
Location	<input type="text"/>	Flow	<input type="text"/>	GPM @	<input type="text"/>	PSI
Location	<input type="text"/>	Flow	<input type="text"/>	GPM @	<input type="text"/>	PSI

Gravity / Pressure tank auto refill, if any?

Outlets:

Operational

Pressure reducing devices installed, if any?

Hose:

Full length inspection of condition

19. Fire Hydrants

- Have all hydrant stems, thread and caps been inspected, and lubricated?
- Were all outlets on each hydrant fully opened and closed to insure a smooth operation?
- Were hydrant street valves fully operated and visible?
- Are all outlets easily accessible and above grade 14" to 24"?
- Are all necessary crash post in place, if required?
- Are all hydrants and posts painted?
- Is the flow test information provided on deficiency report? (include static, residual, & GPM)
- Are Private Hydrants painted red?
- Is 2-way reflective blue pavement marker installed 6 inches on the hydrant side in the centerline of the roadway?

✓		
✓		
✓		
✓		
✓		
✓		
✓		
✓		
✓		

20. Alarm and Supervisory Equipment

(Note: Since the adoption of the 2003 Uniform Fire Code, all new and updated systems shall be supervised by a listed and approved service as per Article 10)

A. Name of Monitoring Company: **CRITICOM INC** Phone: **(714) 936-8551**
 Account # **L 920180** Time Notified: **10AM 9-1-09**

B. Have all alarm and supervisory equipment (tamper, flow switches, etc.) been tested?

C. Did all supervisory equipment operate as designed during the test?

D. Record all alarm times, location (riser #1, P.I.V., system #1, etc.) and type of equipment (tamper, flow switch, bell, etc.) during each test or service.

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

	Equipment Location	Equipment Type	Time of Each Alarm test	Time alarm Co. Recorded Receiving Each Alarm test
#1	OUTSIDE BLDG AV	TAMPER	10:10 AM	10:13 AM
#2	" " "	TAMPER	10:15 AM	10:17 AM
#1	" " "	TAMPER	3:30 PM	3:33 PM
#2	" " "	TAMPER	3:33 PM	3:36 PM
#1	RISER	WATER FLOW SW	3:32 PM	3:36 PM
#2	RISER	" " "	3:36 PM	3:40 PM

21. Signage

A. Does all signage meet Fullerton Fire Dept. Automatic Sprinkler System ID Guideline?
 (Note: F.D. Inspector who witnesses the test will have copy of Guideline for Testing Company.)

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>

This work must be performed under license of the California State Fire Marshal. Reports must be submitted using this form. All work requires Fullerton Fire Department approval and/or a permit prior to commencement of alterations or repairs.

When performing the backflush of the FDC line, remove or reverse the check valve prior to beginning the flush as required by NFPA 25. A fire department permit is required as per 2001 California Fire Code, Article 9, Section 901.2.1. Please contact Fire Prevention (714) 738-6500 to schedule backflow and obtain permit.

CERTIFICATION TAGS ARE TO BE PLACED ON ALL RISERS.

City of Fullerton Water Engineering Department requires Civil Engineered drawings, cash bonds, water permit, and excavation permits for any repair or upgrade work done on all City connection devices and/or valves. Contact Water Engineering at (714) 738-6886 prior to any work being performed.

AT NO TIME will any fire protection company operate any City of Fullerton water system valve. If a shut down is required, contact Water Division Maintenance at (714) 738-6897 to initiate a service request for the shutdown. All shutdowns require a minimum of two working days notice. Operation of City of Fullerton water valves, by anyone other than a City of Fullerton employee, may result in the issuance of a citation.



FIRE PROTECTION EQUIPMENT PERFORMANCE CERTIFICATION

SERVICE LABEL

A service label conforming to Title 19, Section 906, shall be securely attached to a system **ONLY AFTER ALL DEFICIENCIES HAVE BEEN CORRECTED AS PER TITLE 19, SECTION 904.2.d**

A copy of this report is to be mailed to the Owner, Property Manager, and Fire Department within 7 days of first service/test, and again after all required retesting, repair, and certification is complete.

INITIAL TEST / INSPECTION

I hereby certify that the fire protection equipment indicated in this report has been tested in accordance with the State of California Health and Safety Code, Title 19, State Fire Marshals Office, and is in proper operating condition and that **NO SERVICE LABEL** has been affixed to each riser or system.

INITIAL TEST DATE

9-1-09

SIGNATURE

Kurt C. Vanderwest

TITLE

OWNER

FINAL TEST / INSPECTION

I hereby certify that the fire protection equipment indicated in this report has been tested in accordance with the State of California Health and Safety Code, Title 19, State Fire Marshals Office, is in proper operating condition, **AND A SERVICE LABEL** has been affixed to each riser connected to the system.

FINAL TEST DATE

11-17-09

SIGNATURE

Kurt C. Vanderwest

TITLE

OWNER

FIRE DEPARTMENT USE ONLY

REVIEWED AND APPROVED BY:

C. Thomas Thompson

SIGNATURE

Fire Prot. Inspector

TITLE

☐ rP ☒ In Disc ☐ e Program File # 1677
 Area Inspector _____ Station/Div Fire Prevention Self - Insp Y/N : N
 Inspector FP3 Steve Long Shift N Inspector EPS FP3 Steve Long Fire District 1327
 Start Date _____ Freq 12 Next FD Insp Date 2 / 2009 Freq 12 Next EPS Insp Date 2 / 2009

Business Information

Business Name EXECUTIVE RV CENTER/GUARDIAN STORAGE Business Phone 714 680-0295
 Address 2100 E ORANGETHORPE Ave Fax No. 714 680-3849
 Complex name _____ E-Mail _____

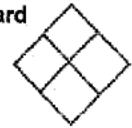
Contact Type Name Type Phone Type Phone ☐ More contacts on back

Business Owner	LEBARON INVESTMENTS	Primary		
Address type	Address			
Emergency One	A.J. POMEROY	Primary	714-680-0295	Best after hou PRVY-Controlled/Privacy
Address type	Address			
Emergency Two	BRAD FISHER	Primary	714-680-0295	Best after hou PRVY-Controlled/Privacy
Address type	Address			
Inspection Contact	A.J. POMEROY	Primary	714-680-0295	
Address type	Address			
Property Owner	EDDIE FISCHER	Primary		
Address type	Address 2020 E ORANGETHORPE Ave		FULLERTON	CA 928315327

Building Information Contacts - Inspection, Emergency, Business owner, Property Owner, Property Mgmt

Bus. Lic # 112056 Exp. _____ Occ. Load _____ Group H-3 Business Type: _____
 FDC Location "ON ORANGETHORPE, BY Gate Access Code _____ Fire Alarm Code 704 placard
 Construction Type _____ Stories 1 Building Sq. Ft. 0 Unit Sq. Ft. _____ Common Attic
 Description _____ Roof Type _____ # of Units in Building _____
 Sprinklers (F/P/N) F 5 yr Test Date _____ Supervised Alarm (Y/N) Y # of Employees _____
 Protection Systems _____
 Pvt. Hyd Date One _____ No of Private Hydrants 6 Local Id Num _____
 Pvt. Hyd Date Two _____ Water district _____

FILE
POSTED



Visits **Lock Boxes**

11/19/2007 218 NPDES Inspection NO VIOLATIONS "BY WEST SIDE ROLL UP DOOR, ABOVE EN"
 06/26/2006 Klages NPDES Inspection
 06/01/2006 121 Hazardous Occupan BUSINESS EMERGENCY PLAN - H

Special Information **Responding Unit Comments**

Permit Information **Violation History**

5146 LPG - Liquefied Petroleum Gases

Visit Info-Date 3/31/09 Employee No. 129 Name FB Type _____ Disp _____ Hours Spent _____

**PRIOR TO
2000**



CITY OF FULLERTON

303 WEST COMMONWEALTH AVENUE
FULLERTON, CA 92632

Development Services Department
Building Division

FOR OFFICE USE

PAGE 1 OF 1
03/14/88 10:56

Activity No : 88-01411
Status : PENDING

Project No : AP-00779
Validated by : ST
Inspector area:
Date applied : 03/14/88
Date approved :
Date completed:
Date expired :

This type : BUILDING PERMIT

Plan Check Only

Parcel number :
Group-occup/use:

Owner : EDDIE FISHER
Applicant : EDDIE FISHER
Applicant Addr : 2100 E ORANGETHORPE AV FULLERTON, CA
Location : 2100 E ORANGETHORPE AV
Phone number :
Valuation : 1,300
Construction : ADD
Permit to do : BLDG-INSTALL PROPANE GAS SYS

25 DPT#
25.35 DSRV
25 DPT#
25.35 DSRV
25 DPT#

Contractor : PETROLANE 2345070 C20
This type : BLDG

Lic. C-1053 AM 6679 725 7/4/83/14/83

Work To Be Done INSTALL PROPANE GAS
SYSTEM

Fee description	Units	Fee/unit	Ext fee	Date
Plan Check Fee (Enter 'Y' to Calc)>			25.35	Y
Total Building Fees			74.20	

*** Fees Required ***	*** Fees Collected & Credits ***
Total Fees: 74.20	Total Payments: 25.35 <i>46.14</i>
	Balance Due: 48.85

CALL FOR INSPECTION

Requests for inspections should be made at least twenty-four hours in advance by telephone at 738-6542, 7:30 A.M. - 5:00 P.M.

Inspectors office hours are:
7:30 - 8:00 A.M. and 3:30 - 4:30 P.M.

DECLARATIONS

In accordance with Health & Safety Code, Section 19825, all required declarations on the reverse side of this form have been properly signed and dated by the permittee.

Verified by: _____


Signature

ORIGINAL

MWNA-WZI 213536

CITY OF FULLERTON

INSPECTION RECORD

BUILDING DIVISION		BUILDING AND ANCILLARY		SWIMMING POOL		NOTES
PERMIT NUMBER	JOB ADDRESS	INSPECTOR	DATE	INSPECTOR	DATE	
 <p>NUMBER _____ STREET _____</p> <p>TYPE OF PERMIT _____</p>		LOCATION, FORMS DEPTH, WIDTH STEEL		LOCATION/EXCAVATION		
<p>DECLARATIONS</p> <p>To obtain this permit, the undersigned hereby files this application and agrees, certifies and declares:</p> <p>That notice has been given me that this permit may be used only in compliance with the Fullerton Municipal Code, and all other applicable ordinances and laws.</p> <p>That this permit does not allow occupancy, and that no occupancy is permitted, of the construction for which this permit is issued until it has been approved in writing by this office for occupancy after final inspection.</p> <p>That this permit does not allow, and separate permits are required for, any plumbing, electrical, heating and air conditioning work.</p> <p>I agree that the city may enter upon the job premises at any reasonable time to inspect any work installed under this permit, to remove any non-conforming construction at my own expense, and to otherwise act as and when required by the Fullerton Municipal Code.</p> <p>LICENSED CONTRACTORS DECLARATION</p> <p>I hereby affirm that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.</p> <p>License Class _____ Lic. Number _____ Date _____ Contractor _____</p> <p>OWNER-BUILDER DECLARATION</p> <p>I hereby affirm that I am exempt from the Contractor's License Law for the following reason (Sec. 7031.5, Business and Professions Code: Any city or county which requires a permit to construct, alter, improve, demolish or repair any structure, prior to its issuance, also requires the applicant for such permit to file a signed statement that he is licensed pursuant to the provisions of the Contractor's License Law (Chapter 9) (commencing with Section 7000) of Division 3 of the Business and Professions Code, or that he is exempt therefrom and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars (\$500)).</p> <p><input type="checkbox"/> I, as owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale (Sec. 7044, Business and Professions Code: The Contractor's License Law does not apply to an owner of property who builds or improves thereon, and who does such work himself or through his own employees, provided that such improvements are not intended or offered for sale. If, however, the building or improvement is sold within one year of completion, the owner-builder will have the burden of proving that he did not build or improve for the purpose of sale).</p> <p><input type="checkbox"/> I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code: The Contractor's License Law does not apply to an owner of property who builds or improves thereon, and who contracts for such projects with a contractor(s) license pursuant to the Contractor's License Law).</p> <p><input type="checkbox"/> I am exempt under Sec. _____ B.&P.C. for this reason _____</p> <p>Date _____ Owner _____</p> <p>WORKER'S COMPENSATION DECLARATION</p> <p>I hereby affirm that I have a certificate of consent to self-insure, or a certificate of Workers' Compensation Insurance, or a certified copy thereof (Sec. 3900, Lab. C.) Policy No. _____</p> <p>any _____ Certified copy is hereby furnished. Date _____ Applicant _____</p> <p>CERTIFICATE OF EXEMPTION FROM WORKERS' COMPENSATION INSURANCE</p> <p>(This section need not be completed if the permit is for one hundred dollars (\$100) or less.)</p> <p>I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Workers' Compensation Laws of California.</p> <p>Date _____ Applicant _____</p> <p>NOTICE TO APPLICANT: If, after making this Certificate of Exemption, you should become subject to the Workers' Compensation provisions of the Labor Code, you must forthwith comply with such provisions or this permit shall be deemed revoked.</p> <p>CONSTRUCTION LENDING AGENCY</p> <p>I hereby affirm that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3997, Div. C.). Lender's Name _____</p> <p>Lender's Address _____</p> <p>I certify that I have read the application and state that the above information is correct. I agree to comply with all city ordinances and state laws relating to building construction, and hereby authorize representatives of the city to enter upon the above mentioned property for inspection purposes.</p> <p>THE PERMIT SHALL EXPIRE BY LIMITATION AND BECOME NULL AND VOID IF THIS WORK IS NOT COMMENCED WITHIN 180 DAYS. SHOULD ANY WORK AUTHORIZED BY THIS PERMIT, BE SUSPENDED OR ABANDONED FOR 180 DAYS, THIS PERMIT SHALL BE NULL AND VOID. A NEW PERMIT WILL BE REQUIRED FOR ANY EXPIRED PERMIT.</p> <p>DATE _____</p> <p>PRINT NAME OF APPLICANT _____</p> <p>OWNER - AGENT - BUILDER - OFFICER _____</p>		SLAB/RE'NF'G UNDER FLOOR/SLAB PLUMBING		MAIN DRAIN REINFORCING STEEL BONDING		
		UNDER FLOOR/SLAB CONDUIT		UNDERGROUND CONDUIT		
		FLOOR JOISTS		UNDERGROUND GAS LINE		
		FLOOR INSULATION		UNDERGROUND BACK- WASH/P-TRAP		
		FLOOR SHEATHING		UNDERGROUND WATER SUPPLY		
		FRAMING		DECK FOOTINGS		
		ROUGH ELECTRIC		DECK WIDTH		
		ROUGH PLUMBING		ELECTRICAL WIRING		
		ROUGH MECHANICAL		FENCE		
		SHOWER PAN		GATES		
WALL INSULATION		ANTI-SIPHON DEVICE				
CEILING INSULATION		APPROVALS:				
CAULKING		HEATER LOCATION				
DRYWALL		GAS TEST				
EXT/INT LATH		FINAL ELECTRIC				
SCRATCH COAT		DRAINAGE				
SEWER		BUS. LICENSE				
FINAL ELECTRIC						
GAS TEST						
FINAL MECHANICAL						
APPROVALS:						
PLANNER						
FIRE						
ENGINEERING						
BUS. LIC.						
FINAL APPROVAL		FINAL APPROVAL				

MWNA-WZI 213537



FIRE DEPARTMENT

312 EAST COMMONWEALTH AVENUE • FULLERTON, CALIFORNIA 92632

RON COLEMAN FIRE CHIEF

Phones - Administration 738-6502
Prevention 738-6500
EMERGENCY only 911

Business Owner:

It has come to our attention you have recently applied for a business license. The Fullerton Fire Department has been designated to carry out provisions of AB 2185, dealing with hazardous materials disclosure. Please fill out the general information and check the appropriate box below.



Your cooperation in this matter will help your fire department do a better job of protecting your community.

Business Name GUARDIAN

Business Address 2100 E. ORANGE THORPE
FULLERTON, CA 92631
Zip Code

Phone No. () _____

- ☐ I use or store chemicals in amounts of or larger than 55 gallons, 500 lbs., or 200 cu. ft. at any one time.
- ☐ I use or store chemicals in smaller quantities than above mentioned.
- ☒ I use no chemicals.
- ☐ I have disclosed all hazardous material information within the past year for my current address to the Fullerton Fire Department.

I certify, under the penalty of perjury, that the above information is true and correct to the best of my knowledge.

Signature [Signature] Title Pres Date 6-14-88

Thank you for your cooperation in this matter.

Please return to: (Reply required within 7 days)



Fullerton Fire Department
Fire Prevention Bureau
312 E. Commonwealth Ave.
Fullerton, CA 92632



CITY OF FULLERTON FIRE DEPARTMENT
312 East Commonwealth Ave., Fullerton, Calif. 92631 Phone (714) 738-6500

EMERGENCY DIAL
911

NUMBER 2100	FRAC. E	DIR. E	STREET ORANGETHORPE AVE	UNIT NO.
BUSINESS NAME MOM'S COUNTRY COWBOY PALACE, AUTOCAR AUTO + EQUIPMENT LEASING			BUSINESS TELEPHONE 525-666-7 714-686-3815	
MAILING ADDRESS - NAME PO Box 4499		NUMBER, STREET		CITY, STATE, ZIP Fullerton, CA 92631
CONTACT 1 EDWARD R. Fischou WM. MILLER			PHONE [REDACTED]	
CONTACT 2 BARTON MACLEOD			PHONE [REDACTED]	
OCC CODE B-2 0001	KNOX-BOX Y	EXT. SYSTEM Y	DETECTORS N	PERMITS N
EXPIRATION DATE 1/1		GRID 12B	INSP GROUP 05	INSP FREQ 01
FIRST-IN COMPANY FP3				
ACTIVITY DATE 8-26-86	ACTIVITY CODE 8-26-86	INSP COMPANY FP	EMPLOYEE NO. 8418	INSPECTION TIME 30
				TOTAL TIME 30

COMMENTS

***** NO ACTIVITY INFORMATION IS AVAILABLE *****

CODE	ACT-DATE	COMP	RPT#	COMMENT
F08	03/31/86	E3	1628	MA SANDRA DISARIO 44/TIMOTHY NOBLE 23Y0.

AN INSPECTION OF YOUR FACILITY REVEALED THE FOLLOWING VIOLATIONS:

No violations noted - using front 1/2 of offices only - rest of occupancy vacant.

ORDER TO COMPLY: As such conditions are contrary to law, you are required to correct them immediately upon receipt of this Notice. An inspection to determine whether or not you have complied with this Notice will be conducted on _____. Failure to comply with the foregoing Notice before the reinspection date will render you liable to the penalties provided by law for such violations.

C. Thomas Thompson Inspector

[Signature] Occupant

☒ First Inspection
☐ Final Inspection
☐ Issue Citation

FIRE DEPT. COPY

MWNA-WZI 213539

**FIRE DEPARTMENT**

312 EAST COMMONWEALTH AVENUE • FULLERTON, CALIFORNIA 92632

WILLIAM A. HOUSER
FIRE CHIEFPhones—Administration738-6502
Prevention738-6500
EMERGENCY only 911

SHEET 1 OF 2

REPORT OF INSPECTION
REPORT OF APPENDIX G TEST☒ ☐

BUSINESS NAME Mom's BUILDING OR LOCATION MR BUCKLEY
 STREET 2100 E. Orangethorpe INSPECTOR Don Villa for ALERT
 CITY & STATE Fullerton ZIP 90621 DATE 12-11-84

1. GENERAL

	Yes	N.A.†	No*
a. Is the building occupied according to information furnished by owner or owner's representative?		•••••	X
b. Is occupancy same as previous inspection according to information furnished by owner or owner's representative?		•••••	X
c. Are all systems in service?	X	•••••	
d. Are all fire protection systems same as last inspection according to information furnished by owner or owner's representative?			X
e. Is building completely sprinklered?	X	•••••	
f. Are all new additions and building changes properly protected according to information furnished by owner or owner's representative?	X		
g. Is all stock or storage properly below sprinkler piping?	X		
h. Was property free of fires since last inspection according to information furnished by owner or owner's representative? (Explain any fire on separate sheet)	X		
i. In areas protected by wet system, does the building appear to be properly heated in all areas, including blind attics, perimeter areas and are all exterior openings protected against entrance of cold air?	X		

2. CONTROL VALVES (See Section 16)

a. Are all sprinkler system main control valves open?	X	•••••	
b. Are all other valves in proper position?	X	•••••	
c. Are all control valves in good condition and sealed or supervised?	X	•••••	

3. WATER SUPPLIES (See Section 17)

a. Was a water flow test made and results satisfactory?	X	•••••	
---	---	-------	--

4. TANKS, PUMPS, FIRE DEPT. CONNECTIONS

a. Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained?		X	
b. Are fire dept. connections in satisfactory condition, couplings free, caps in place and check valves tight?	X		

5. WET SYSTEMS (See Section 13)

a. Are cold-weather valves open or closed as necessary?	X		
b. Have anti-freeze systems been tested and left in satisfactory condition?		X	
c. Are alarm valves, water-flow indicators and retards in satisfactory condition?	X		

6. DRY SYSTEMS (See Section 14)

a. Is dry valve in service and in good condition?		X	
b. Is air pressure and priming water level normal?		X	
c. Is air compressor in good condition?		X	
d. Were low points drained during fall and winter inspections?		X	
e. Are quick-opening devices in service?		X	
f. Have dry valves been trip tested satisfactorily as required?		X	
g. Are dry valves adequately protected from freezing?		X	
h. Are valve house and heater condition satisfactory?		X	

7. SPECIAL SYSTEMS (See Section 18)

a. Were valves tested as required?		X	
b. Were all heat responsive systems tested and results satisfactory?		X	
c. Were supervisory features tested and results satisfactory?		X	

8. ALARMS

a. Are water motor and gong test satisfactory?	X		
b. Is electric alarm test satisfactory?			
c. Is supervisory alarm service test satisfactory?	X		

*Explain "No" answers in Item #19

†Not Applicable

FIRE DEPARTMENT COPY

MWNA-WZI 213540

9. SPRINKLERS — PIPING

	Yes	N.A.†	No*
a. Are all sprinklers in good condition, not obstructed, and free of corrosion or loading?	X	•••••	
b. Are all sprinklers less than 50 years old?	X	•••••	
c. Are extra sprinklers readily available?	X	•••••	
d. Is condition of piping, drain valves, check valves, hangers, pressure gages, open sprinklers, strainers satisfactory?	X	•••••	
e. Have sprinklers been checked for proper temperature rating?	X	•••••	
f. Are portable fire extinguishers in good condition?		X	
g. Is hand hose on sprinkler systems satisfactory?		X	
10. Date Dry-system Piping last checked for stoppage.		X	
11. Date Dry-system Piping last checked for proper pitch.		X	
12. Date Dry-pipe Valve last trip tested.		X	
13. Wet Systems: No? ² Make and Model? GRINNELL - A			
14. Dry Systems: No? Make and Model?			
15. Special System: No? Type			
Make and Model? Condition?			

16. CONTROL VALVES	No?	Type?	Open		Secured		Closed		Signs		Condition
			Yes	No	Yes	No	Yes	No	Yes	No	
City Connection Control Valve											
Tank Control Valves											
Pump Control Valves											
Sectional Control Valves (PIV)	1	8" OS+Y	X			X			X		OK
System Control Valves	2	PIV	X			X			X		OK

17. WATER-FLOW TEST

Water Pressure? 85 CITY YES PSI TANK PSI FIRE PUMP PSI

Water-flow Test? 76 (If none made, why?)

Test Pipe Located	Size Test Pipe	Pressure Before	Flow Pressure	Pressure After	Test Pipe Located	Size Test Pipe	Pressure Before	Flow Pressure	Pressure After
BACK WALL	1"	85	78	85					

18. Heat Responsive Devices: Type?

Type of test?

Valve No.	A	B	C	D	E	F	Valve No.	A	B	C	D	E	F
Valve No.	A	B	C	D	E	F	Valve No.	A	B	C	D	E	F
Valve No.	A	B	C	D	E	F	Valve No.	A	B	C	D	E	F
Valve No.	A	B	C	D	E	F	Valve No.	A	B	C	D	E	F

Auxiliary equipment: No? Type? Location? Test Results?

19. Explanation of any "No" answers.

A. BUILDING JUST CHANGED HANDS
B. SPRINKLERED NEW AREAS

A. 4 new sprinklers (upright)
B. rebuilt alarm valve
C. rebuilt 8" OS+Y
D. FIX WATER MOTOR
E. BACK FLUSH SYSTEM

20. Recent changes in building occupancy or fire protection equipment. YES

21. Adjustments or corrections made.

22. Desirable improvements. NONE

OWNER'S REPRESENTATIVE: Maile Loney for Alert Fire Protection
STREET 4740 Bryson St., Anaheim CITY & STATE Calif 92807

*Explain "No" answers in Item #19

**PRIOR
TO
1980**



NUMBER 2100	FRAC E	DIR Orangethyme	STREET	UNIT NO.
BUSINESS NAME Executive R.V. Ctr.			BUSINESS TELEPHONE 714/680-0295	
MAILING ADDRESS - NAME			NUMBER, STREET	CITY, STATE, ZIP
CONTACT 1 Brad Fischer			PHONE [REDACTED]	
CONTACT 2 Bryan Wilson			PHONE [REDACTED]	
OCC CODE 15	KNOX BOX	EXT. SYSTEM	DETECTORS	PERMITS
EXPIRATION DATE	GRID 1327	INSP GROUP 06	INSP FREQ	FIRST-IN COMPANY
ACTIVITY DATE 10/15/97	ACTIVITY CODE J-2	INSP COMPANY FP2	EMPLOYEE NO. 322	INSPECTION TIME 3, 1
				TOTAL TIME 4

COMMENTS

Hazardous Disclosure Inspection -
 - BEP-OK -

→ Sprinkler system shall be certified every 5 years.

OK 9/11/98 Provide absorbent material @ waste oil storage.

OK Provide Number address on structure by Business name.

OK 11/25/97 Provide NFPA placard on Propane tank & at entrances of warehouse.

OK 11/25/97 Label all drums @ with product/catalogs.

OK 5/11/97 Label empty - if drum are empty -

OK 5/11/97 Provide Exit sign's @ all Exit doors.

OK 5/11/97 Exits shall not be blocked or obstructed.

OK 5/11/97 Provide Inv. page for fuel/diesel for vehicle storage.

AN INSPECTION OF YOUR FACILITY REVEALED THE FOLLOWING VIOLATIONS:

11/25/97 all items corrected C. Alb.

ORDER TO COMPLY: As such conditions are contrary to law, you are required to correct them immediately upon receipt of this Notice. An inspection to determine whether or not you have complied with this Notice will be conducted on Nov 15, 1997. Failure to comply with the foregoing Notice before the reinspection date will render you liable to the penalties provided by law for such violations.

Come Alb
 Inspector

X Bryan Wilson
 Occupant

- ☒ First Inspection
☐ Final Inspection
☐ Issue Citation



Printed on
 recycled paper

FIRE DEPT. COPY

MWNA-WZI 213543



NUMBER 2100	FRAC. E	DIR. E	STREET ORANGETHORPE AVE	UNIT NO. A
BUSINESS NAME EXECUTIVE RV CENTER				BUSINESS TELEPHONE 714/680-0295
MAILING ADDRESS - NAME		NUMBER, STREET		CITY, STATE, ZIP
CONTACT 1 EDWARD FISCHER				PHONE [REDACTED]
CONTACT 2 BRAD FISCHER				PHONE [REDACTED]
OCC CODE 0015	KNOX-BOX	EXT. SYSTEM	DETECTORS	PERMITS
EXPIRATION DATE / /		GRID 1327	INSP GROUP 06	INSP FREQ 01
FIRST-IN COMPANY 3				
ACTIVITY DATE 6-25-91	ACTIVITY CODE 1204	INSP COMPANY 3-C	EMPLOYEE NO. [REDACTED]	INSPECTION TIME
				TOTAL TIME

COMMENTS REAR OF AUTO CAR

FIST SCORE: 0

***** NO NOTES ARE AVAILABLE *****

CODE ACT-DATE COMP EMPL TIME COMMENT

INSP	04/28/89	3	1127	0045	VIOLATIONS #12,20,21,37 &53 HAZ MAT INFO
REIN	07/18/89	3	1127	0045	NO CHANGE ON VIOLATIONS
REIN	08/14/89	3	1127	0045	NO CHANGE ON VIOLATIONS ITS BEEN 4 MONS.
ICOM	08/16/89	3	1127	0045	ALL VIOLATIONS WERE CORRECTED
ICOM	01/01/90	3	0	0000	PAPER WORK RECYCLED
ICOM	06/26/91	3	5648	0030	NO VIOLATIONS NOTED
ICOM	11/20/92	3	7129	0045	NO VIOLATIONS NOTED
ICOM	06/04/93	3	5681	0001	VACANT
ICOM	07/14/95	3	8194	0060	NO VIOLATIONS

***** NO INCIDENT INFORMATION IS AVAILABLE *****

Disclosure Form NEEDED

AN INSPECTION OF YOUR FACILITY REVEALED THE FOLLOWING VIOLATIONS:

30" AROUND CLOTHES PANEL - (VERBODEN)

ORDER TO COMPLY: As such conditions are contrary to law, you are required to correct them immediately upon receipt of this Notice. An inspection to determine whether or not you have complied with this Notice will be conducted on _____. Failure to comply with the foregoing Notice before the reinspection date will render you liable to the penalties provided by law for such violations.

- ☐ First Inspection
☐ Final Inspection
☐ Issue Citation

Inspector

X

Occupant



Printed on
recycled paper

FIRE DEPT. COPY

MWNA-WZI 213544



CITY OF FULLERTON FIRE DEPARTMENT

312 East Commonwealth Ave., Fullerton, Calif. 926' - Phone (714) 738-6500

EMERGENCY DIAL
911

NUMBER 2100	FRAC. E	DIR. ORANGETHORPE	STREET AVE	UNIT NO.
BUSINESS NAME EXECUTIVE RV CENTER			BUSINESS TELEPHONE 714/680-0295	
MAILING ADDRESS - NAME PO BOX 4499 FULLERTON 92631		NUMBER, STREET		CITY, STATE, ZIP
CONTACT 1 EDWARD FISCHER			PHONE [REDACTED]	
CONTACT 2 BRAD FISCHER			PHONE [REDACTED]	
DURTOM HANDED				
OCC CODE 0015	KNOX-BOX Y	EXT. SYSTEM N	DETECTORS N	PERMITS 1
EXPIRATION DATE 1/1	GRID 1327	INSP GROUP 05	INSP FREQ 01	FIRST-IN COMPANY 3
ACTIVITY DATE 5-28-91	ACTIVITY CODE INSP	INSP COMPANY 3-A	EMPLOYEE NO. 5648	INSPECTION TIME 3X15
				TOTAL TIME 45

COMMENTS

FIST SCORE: 0

***** NO NOTES ARE AVAILABLE *****

CODE	ACT-DATE	COMP	EMPL	TIME	COMMENT
INFO	08/26/86	3	8418	0000	USING FRONT 1/2 OF OFFICES-REST ARE VAC
INSP	08/26/86	3	8418	0030	NO VIOLATIONS NOTED
5146	08/04/89	3	5071	0060	ONE A/G 499 GAL. PROPANE TANK INSTALLED -

CODE	ACT-DATE	COMP	RPT#	COMMENT
F08	03/31/86	E3	1628	MA SANDRA DISARIO 44/TIMOTHY NOBLE 23YO
	10/17/86	E3	865291	

6-19-91

PHONED MR. FISCHER ON 6-19-91 ABOUT OBTAINING
FINAL INSP ON LPG INSTALLATION -

7-30-91 - FORWARDED PAPERWORK TO INSPECTOR
KUNZE FOR FOLLOW UP

8/19/91 Finally reached owner - corrections will be
made by 8-26-91

9/17/91 LPG tank finalized

AN INSPECTION OF YOUR FACILITY REVEALED THE FOLLOWING VIOLATIONS:

ADVISED OCCUPANT NEEDS PERMIT
FOR LPG USE -
LPG INSTALLATION NOT FINALED

ORDER TO COMPLY: As such conditions are contrary to law, you are required to correct them immediately upon receipt of this Notice. An inspection to determine whether or not you have complied with this Notice will be conducted on _____. Failure to comply with the foregoing Notice before the reinspection date will render you liable to the penalties provided by law for such violations.

MEACHAM

Inspector

X

Occupant

- ☒ First Inspection
- ☐ Final Inspection
- ☐ Issue Citation

FIRE DEPT. COPY

MWNA-WZI 213545



NUMBER 2100	FRAC.	DIR. E	STREET ORANGETHORPE AVE	UNIT NO. A
BUSINESS NAME GUARDIAN SIGN CO				BUSINESS TELEPHONE 714/879-9094
MAILING ADDRESS - NAME GUARDIAN SIGN CO		NUMBER, STREET 2100 E ORANGETHORPE AVE #A		CITY, STATE, ZIP
CONTACT 1 RORY LOVE				PHONE [REDACTED]
CONTACT 2 DAVE SORENSON				PHONE [REDACTED]
OCC CODE 0015	KNOX-BOX	EXT. SYSTEM Y	DETECTORS	PERMITS
EXPIRATION DATE 1/1	GRID 12B	INSP GROUP 06	INSP FREQ 01	FIRST-IN COMPANY 3
ACTIVITY DATE 4-28-89	ACTIVITY CODE INSP.	INSP COMPANY 3-B	EMPLOYEE NO. 1127	INSPECTION TIME 1543

COMMENTS

FIST SCORE: 0

***** NO ACTIVITY INFORMATION IS AVAILABLE *****

***** NO INCIDENT INFORMATION IS AVAILABLE *****

7-18-89 - VIOLATIONS NOT CORRECTED.

8-14-89 - NO CHANGES / ITS BEEN ALMOST
4 MONTHS - LET ISSUE CITATION
WE JUST GET THE RUN-AROUND. J. Koo

8-16-89 CTT-CA

AN INSPECTION OF YOUR FACILITY REVEALED THE FOLLOWING VIOLATIONS:

#12 - SEE OVER

#20 - " "

#21 - " "

#37 - " "

#53 - " "

Way - mat info given

ORDER TO COMPLY: As such conditions are contrary to law, you are required to correct them immediately upon receipt of this Notice. An inspection to determine whether or not you have complied with this Notice will be conducted on 5-16-89, 8-16-89. Failure to comply with the foregoing Notice before the reinspection date will render you liable to the penalties provided by law for such violations.

Inspector: Style Brum X. P. Radoniel Occupant

☐ First Inspection
☒ Final Inspection
☒ Issue Citation

FIRE DEPT. COPY

MWNA-WZI 213546

FULLERTON FIRE DEPARTMENT

PUBLIC EDUCATION PROJECT

ORGANIZATION TRENT TUBEDATE March 18, 1974
Approx. No. _____
in Group 12REQUESTED BY Bill HartfelPHONE NO. 526-5522PROJECT Extinguisher Demonstration
(type of program requested)Approx. Length
of Program 45 minutesDate March 21, 1974 Time 2:30 ^{AXMx} P.M.Location 2100 E. Orangethorpe

CHECK LIST - Materials to be furnished by Fire Department:

FILM _____
PROJECTOR _____
SCREEN _____
RESUSCI-TAMMI _____
LITERATURE X _____
OTHER _____

Title _____

No. Needed 12 Title "PORTABLE FIRE EXTINGUISHER"ASSIGNED TO KCA BY RED

TIME: ARRIVAL 1415 DEPARTURE 1530 TOTAL TIME 1 1/4 hrNO. IN GROUP: Boys _____ Girls _____ Adults 15 TOTAL 15REMARKS Extinguishers (water, CO₂, dry chem B.C. & dry chem A-B.C.) used
(subject of talk, title of film, reaction of group, or other information)by employees to extinguish class A and class B fires.

INSTRUCTIONS: A. Use reverse side for additional information.

B. If improvements to this program can be made,
include recommendations under Remarks.

C. Send to Headquarters for filing.

APPROVED BY _____

WRITTEN BY KCA

FULLERTON FIRE DEPARTMENT

PUBLIC EDUCATION PROJECT

ORGANIZATION Trent Hills
 REQUESTED BY Bill Hartfel (Plant mgr. Edin Capron)
 PROJECT Fire Brigade Training
 (type of program requested)

DATE June 29, 1973
 Approx. No. 10
 in Group
 PHONE NO. 526-5522
 Approx. Length of Program 1 hr.

Date July 18, 1973 Time 1430 A.M.
 P.M.
 Location 2100 E. Orangethorpe

CHECK LIST - Materials to be furnished by Fire Department:

FILM	<input checked="" type="checkbox"/>	Title <u>"Extinguish That Fire"</u>
PROJECTOR	<input checked="" type="checkbox"/>	
SCREEN	<input type="checkbox"/>	
RESUSCI-TAMMI	<input type="checkbox"/>	
LITERATURE	<input checked="" type="checkbox"/>	No. Needed <u>1</u> Title <u>Extinguish Pamphlet</u>
OTHER	<input type="checkbox"/>	

ASSIGNED TO HCA BY [Signature]

TIME: ARRIVAL 1415 DEPARTURE TOTAL TIME

NO. IN GROUP: Boys Girls Adults 14 TOTAL 14

REMARKS Talk on procedure to be followed in event of fire. Film
 (subject of talk, title of film, reaction of group, or other information)

"Extinguish That Fire"

- INSTRUCTIONS: A. Use reverse side for additional information.
 B. If improvements to this program can be made, include recommendations under Remarks.
 C. Send to Headquarters for filing.

APPROVED BY

WRITTEN BY Karl C. Appel

RECORD OF INSPECTIONS

CONTINUATION SHEET

- Excellent O - None
- Good R - Reinspect
- Fair * - Eng. Co.
- Bad

DATE	WIRING	STOCK & STORAGE	TRASH & DISPOSAL	HEAT & EQPT.	FIRE PTCN. EQUIPMENT	INSPECTOR
+13/76	B	B	B	C	B	ELH
6-4-76*						3C

+13/76 Fire inspection was conducted with Bill Hartfel:

INSIDE BUILDING:

HOUSEKEEPING - In GOOD order at this time.

ELECTRICAL WIRING- Maintenance department SW corner - Flexible cord runs along wall through a vent near the floor, extended to an electric pump motor, which is located outside the building, SW corner.

HEATING UNIT - Natural gas fired, located near the south wall, east side of the plant. The vent terminates at the unit approximately 4' above the floor.

The vent shall be extended to the outside of the building

in compliance with the Uniform Mechanical Code.

NITRIC ACID - Center, south wall of plant. Five (5)- 55 gallon drums stored adjacent to the watered nitric acid tank. Nitric acid drums shall be stored outside the building; recommended a shaded area be provided.

OUTSIDE BUILDING:

4,000 gallons trichlorethylene stored in tank, adjacent to south wall. This product has fixed plumbing from the storage tank to the inside dip tank.

Recommend that the outside storage tank be secured from movement to prevent possible plumbing breakage in the event that an earthquake occurs. ELH

/5/76 Permit No. HC 76-52 issued for storage and use of hydrogen, ammonia, nitric acid, and trichlorethylene (perchlorethylene is no longer used). ELH

1/29/77 Conferred w/ plant engineer, Barry Eggers, re installing an aboveground 600 gallon tank near property line, approx 40' south of plant. This proposed tank will contain waste machine oil w/ traces of tri-chlorethylene. There will be no plumbing attached to tank; tank is to be set on concrete footing.

The existing 1200 gallon tank, located adjacent to and on exterior of the south side of the plant, will be remodeled to contain only 600 gallons of trichlorethylene. There appears to be no added hazard to this proposal. ELH

Trent Tube

Division, Crucible Steel Company, P. O. Box 3068, Fullerton, California 92634



Trent Tube Division
Colt Industries

Trent Tube Company - Main Plant
East Troy, Wisconsin

Colt Industries

430 Park Avenue
New York, New York

Main officers: Fullerton

A. B. Capron - Plant Manager	528-0645
W. C. Hartfel Maint. Super.	526-1472
S. Stenovitch Foreman (First Shift)	774-2836
M. Ely Foreman (2nd Shift)	828-7460
J. Durlin Foreman (3rd Shift)	Norwalk

FULLERTON FIRE DEPARTMENT

INSPECTION REPORT

No. Employees 80Report No. Mfg 63
6Date 7/8/71

DISTRICT _____

1. Business Trent Tubing 2100 E. Orangethorpe Ave. 526-5522
6-72 Colt Industries ADDRESS (Street, City) Eng Phone:
2. Bldg Owner Same (Trent Tube Div) 430 Park Ave, NY-NY 10022
3. Bus. Owner Same
4. Manager Adin R. Capron [REDACTED]
Maintenance Foreman [REDACTED]
5. Asst. Mgr Bill Hartfel [REDACTED]
act: Larry Murphy (630-1591) 122 S. Kinglety, Anaheim
6. Descr. Operation Manufacture Stainless Steel Tubing
7. CONSTR: Concrete ☒ Masonry ☐ Metal ☐ Wood Frame ☒ Mill ☐ Stucco ☒ Other ☐
8. Bldg. Dimensions 300'X140' No. Stories 1 Height 20'
9. FLOORS: Concrete ☒ Wood ☐ Other ☐ Oil Soaked ☐ Weak ☐ Overloaded ☐
10. ROOF: Concrete ☐ Wood Frame ☒ Mill ☐ Steel - Unpro. ☐ Pro. ☐
Covering: Tar paper No.: Skylights ☒ Vents ☒ Other ☐
Shape: Flat ☐ Arch ☒ Slope ☐ Sawtooth ☐
11. ATTIC: No. Scuttle Holes 1 Loc. Hallway in office Size 3'X4'
Division Walls 0 Pierced ☐ Unpierced ☐
Wiring: Good ☒ Fair ☐ Bad ☐ Storage: No ☒ Yes ☐
12. VERTICAL OPENINGS: Stairway 0 Loc. ☐ Open ☐ Enclosed ☐
Elevator 0 Loc. ☐ Other ☐
Means of Ventilating SKY lights
13. BASEMENT: Dimensions 0 Entrance ☐ Contents ☐
14. FIRE WALLS: Location Between office & plant Pierced ☒ Unpierced ☐
If Pierced: Fire Doors - No. 1 Class A Self Closing yes
Rolling steel &
5. EXITS: 4 N; 2 S; 3 E; 0 W Type Doors metal glass Forcible Entry glass
6. EXPOSURES: Severe ☐ Moderate ☐ None ☒ Explain nothing near
7. HEATING UNIT: Infra Ray Heating Loc. Throughout plant
8. AIR CONDITIONER: offices Loc. 3 units on roof
9. WATER HEATER: 1 Vernon Glass Loc. Men's wash room
10. REFRIGERATION: 0 Type/Size/Capacity _____
1. CONTROLS: Elec West side Gas West side Water West
2. HAZARDS: Life (Capacity) Adults ☐ Children ☐ 24-hour Care ☐ Day Care ☐
Ambulatory ☐ Non-Ambulatory ☐
3. HAZARDS: Storage - Kind/Amount/Loc See remarks
4. HAZARDS: Electrical 0 Other ☐
5. SPRINKLERS: Throughout ☒ Basement Only ☐ Stage ☐ Elsewhere ☐
6. INTERIOR STANDPIPES: No. Outlets 0 Loc ☐
7. Inspected by Sta. #3 A shift w/ Bill Hartfel, Firm Representative

Indicate: Streets-Hydrants-Water Mains 12 "
 Static Pressure 78 #
 Building Location - Railways
 Exterior Exposures, etc.
 Available Water 4250 GPM

- Water Main
- Electrical Panel
- Gas Main
- Exposures

RECORD OF INSPECTIONS

-Excellent; B-Good; C-Fair; D-Bad;
 -None; R-Reinspect; *-Co. Inspect.

DATE	WIRING	STOCK & STORAGE	TRASH & DISPOSAL	HEAT & EQPT.	FIRE PTCH. EQPT.	INSPECTED BY		
						Officer in Chg.	Sta	Shift
8-71	B	B	B	B	A	Maple	3	A
12/24/72	B	B	B	C	B	ELH		
1-72*	B	B	C	C	B		3	B
8-72*							3	B
1-74	B	B	B	R	R	ELH	1	-
21-74*							3	B

MARKS

- 7/8/71 5,000 gals. of Liquid Hydrogen in tank 75' east of building.
 1,000 gals. of Ammonia tank 75' east of building
 2000 gals. open tank of Water Nitric Acid Hydrofluoric Acid located in south end of building
- 2/24/72 AMMONIA STORAGE TANK (1000 gals)-SE of bldg - Vertical portion of 3/4" pipe supply line that enters the ground adj to east end of storage tank is exposed to edge of driveway.
 Recommend that pipe bumper posts be installed at this location, to provide protection against vehicle damage.
 FLAMMABLE LIQUID STORAGE-outside, S of bldg - No problem at this time.
 FIRE EXTINGUISHERS - Service dated 1972.
 HOUSEKEEPING - In GOOD order at this time.
 WEEDS -OK this date; weeds have been removed from yard area.
 Reinspecting pending. ELH
- 1-29-73 "Extinguish that fire" for Fire Brigade Training Program. KCA
- 2-1-74 Fire imp was made with fireman Max Green and Bill Hartfel Maint. foreman.
 off Liquid storage - outside bldg - spilled.
 "Libol" red label fl liquid being dispensed without benefit of grounding device. LFCL 14.207(b)
- 20564
 Fire extinguishers - service dated Jan. 31-1973
 Housekeeping in general - in good order at this time.
 Ammonia Storage tank - protective pipe bumper post installed adj to 3/4" supply line, to provide protection against vehicle damage.
 Bill Hartfel was advised of existing conditions of this fire inspection.

FULLERTON FIRE DEPARTMENT

INSPECTION REPORT

 3-Shifts
 No. Employees 85 TOTAL
Report No. mf 63Date 3-23-67DISTRICT 6
 1. Business Trent Tubing Co. 2100 E. Orangethrope 526-5522
 ADDRESS (Street, City) Emg Phone#
2. Bldg Owner Crucible Steel CO. of Pittsburgh3. Bus. Owner Same4. Manager R. K. Dickson5. Asst. Mgr. John Annon
 6. Descr. Operation Stainless Steel Tubing. Emergency Call
Wm. Hartfel -

 7. CONSTR: Concrete ☒ Masonry ☐ Metal ☐ Wood Frame ☐ Mill ☐ Stucco ☐ Other ☐
 8. Bldg. Dimensions 200' X 140' No. Stories 1 Height 18 Ft.
9. FLOORS: Concrete ☒ Wood ☐ Other ☐ Oil Soaked ☐ Weak ☐ Overloaded ☐
 10. ROOF: Concrete ☐ Wood Frame ☐ Mill ☒ Steel - Unpro. ☐ Pro. ☐
 Covering: Comp. Sheetting No.: Skylights 18 Vents ☐ Other ☐
 Shape: Flat ☐ Arch ☒ Slope ☐ Sawtooth ☐

 11. ATTIC: No. Scuttle Holes ☐ Loc. ☐ Size ☐
 Division Walls ☐ Pierced ☐ Unpierced ☐
 Wiring: Good ☐ Fair ☐ Bad ☐ Storage: No ☐ Yes ☐

 12. VERTICAL OPENINGS: Stairway ☐ Loc ☐ Open ☐ Enclosed ☐
 Elevator ☐ Loc ☐ Other ☐
 Means of Ventilating Overhead
13. BASEMENT: Dimensions None Entrance ☐ Contents ☐
 14. FIRE WALLS: Location N. E. Wall Pierced ☒ Unpierced ☐
 If Pierced: Fire Doors - No. 1 Class A Self Closing ☒

 15. EXITS: 2 N; 2 S; 2 E; 1 W Type Doors Metal Clad Forcible Entry Two metal clad doors-E. Wall
16. EXPOSURES: Severe ☐ Moderate ☐ None ☒ Explain ☐17. HEATING UNIT: 8 Gas Heaters Loc. Ceiling18. AIR CONDITIONER: ☐ Loc. ☐19. WATER HEATER: North Wall-Gas Loc. Lunch Room20. REFRIGERATION: ☐ Type/Size/Capacity ☐21. CONTROLS: Elec West Wall Gas N.W. Water N.W.
 22. HAZARDS: Life (Capacity) Adults ☐ Children ☐ 24-hour Care ☐ Day Care ☐
 Ambulatory ☐ Non-Ambulatory ☐
23. HAZARDS: Storage - Kind/Amount/Loc - OVER -24. HAZARDS: Electrical None Other ☐25. SPRINKLERS: Throughout ☒ Basement Only ☐ Stage ☐ Elsewhere ☐26. INTERIOR STANDPIPES: No. Outlets ☐ Loc ☐Inspected by Engine Co 3. "A" shift w/ John Annon, Firm Representative

MWNA-WZI 213554

Indicate: Streets-Hydrant Water Mains

Static Pressure 79 #

Building Location - Railways

Exterior Exposures, etc.

Available Water 6844 GPM

X - Water Main

- Electrical Panel

Δ - Gas Main

□ - Exposures

RECORD OF INSPECTIONS

A-Excellent; B-Good; C-Fair; D-Bad;

O-None; R-Reinspect; *-Co. Inspect.

DATE	WIRING	STOCK & STORAGE	TRASH & DISPOSAL	HEAT & EQPT.	FIRE PTCN. EQPT.	INSPECTED BY		
						Officer in Chg.	Sta	Shi
-23-67*	B	B	B	B	B	Wheeler	3	A
/19/68*	B-C	C	C	B-C	B	Hulbert	3	A
0-30-69*	C	C	C	C	B	Odenbreit	3	A
/17/70	B	B	B	B	B	ELH		
21-70*								

EMARKS

South wall - 500 gallons of Trichlorethylene - TOXIC

South wall center - Nitric Acid and Hydroflouric Acid bath.

South East Corner - Outside, Hydrogen Cylinders on trailers and one Ammonia tank

/19/68* { Requested that weeds be removed from area of hydrogen tanks.

Letter

0-30-68 *Letter regarding weeds*

0-30-69 - Electrical discrepancy; temporary wiring on west wall.

reas of concern:

1. 800 gallon dip tank with nitric acid and hydroflouric acid - TOXIC
located - Center south wall of plant.

2. 3200 gallons of Tri-Chloro-Ethelene, kept at 190 degrees F.
located - Center of plant

3. Hydrogen shut-off to the (2 Nealing furnaces) is on the inside of
the west wall.

outside storage; located 100 feet southeast corner of plant.

1. Hydrogen storage on trailers, 114,000 cubic feet. Main shut-off
is on east side of trailer - PINK HANDLE.

2. Ammonia storage, 1000 gallons, is used whenever the hydrogen runs
out. Shut-off is on top of ammonia tank.

7/17/70 Inspection made w/ John AMMON, Plant Superintendent:

Housekeeping conditions - in GOOD ORDER at this time.

Recommend a "NO SMOKING" sign be posted in this immediate area

Recommend a barrel pump be provided for dispensing of flammable liquids
("red tag" on 55 gal. drums).

Fire extinguishers have been SERVICED, 6/70.

RECORD OF INSPECTION

A - Excellent
B - Good
C - Fair
D - Bad
O - None
R - Reinspect
* - Company Inspection

DATE	WIRING	STOCK & STORAGE	TRASH & DISPOSAL	HEAT & EQUIP.	FIRE PTCN EQUIPMENT	INSPECTOR
2/16/66	-	-	-	-	-	KCA
2/16/68	B	B	C	B	B	ELH

REMARKS OR DIAGRAM:

- 2/16/66 Met w/ Marvin Short & John Ammon, Plant Supt, re use of 55 gal drum for gasoline supply to service fork lift. Advised Mr Short that in order to obtain a permit for this use, the following must be done:
1. Location of drum shall be in a remote area, away from combustible storage & sources of ignition.
 2. Dispensing shall be made from top of drum, by use of a pump.
 3. Grounding of drum & fork lift required during dispensing.
 4. Dispensing shall be made directly from drum into fork lift.
 5. Bumper post shall be installed to protect drum from damage.
 6. NO SMOKING and STOP MOTOR signs shall be provided for dispensing area.
 7. Letter from the company requesting permit for this use & plot plan indicating location of drum shall be submitted to the Bureau of Fire Prevention for approval.
- /16/68 Fire inspection made w/ John Ammon, Plant Superintendent:
- HOUSEKEEPING (inside - NW)
Oil spill on the floor at the drawing oil & solvent storage area (no Class I & II flammable liquids stored in this area).
Housekeeping in general - in good order.
FIRE EXTINGUISHERS - Being relocated, due to addition & changing of locations of machines.
- FLAMMABLE LIQUID STORAGE
One 55 gal. drum of Class I & II flammable liquid stored outside, on the south side of the building.
Recommend a NO SMOKING sign be posted.
- NOTE: Prior inspection, 6/16/66, re locating & storage of one 55 gal. drum of gasoline for the fork lifts has not developed. Gasoline is now being purchased in a 5 gallon container, as needed.
- /25/70 FL 70-10 issued for installation of 5,000 gal liquid hydrogen tank (to Union Carbide Corp). PEP

FULLERTON BUREAU OF FIRE PREVENTION
CONTINUATION SHEET

Report No. MFG 63

1. Business TRENT TUBING TUBE CO. Address 2100 E. Orangethorpe
2. Bldg Owner " Address Pittsburgh, Pa
3. Business Owner " Address "
- 4a Manager " Address "
- 4b ~~Plant Supt~~ John Ammon Address "
5. Emergency Nos. Dickson: 526-6437 Ammon: 526-6670
6. Fire Dept Conn: Standpipe " Location N of bldg-curb Orangethorpe
7. Fire Dept Conn: Sprinkler " Location "
8. Sprinkler Main Valve Location Main Bldg - N side
9. Type of Building 3 Bldg Height "
10. Kind of Walls Concrete Kind of Floors Concrete
11. Roof Construct. Composition Roof Openings Skylight
12. Floor Separation " Fire Doors/Class "
13. Attic Ent/Separation "
14. Basement Ent/Separation "
15. Vertical Openings/Location "
16. No. of Exits 4 Locations 2 E; 1 S; 1 N
17. Outside Exposures No problem
18. Hazardous Storage (kind/loc) Approx 3000# Ammonia (storage tank)
3-55 gal drums- Nitric Acid; 30-55 gal drums of
19. Heating Unit (kind/loc) Triclane D (metal
degreasing-grade tr
chloroethylene)
20. Refrigeration Unit (kind/loc) "
21. Meter Locations - Light W wall of bldg (inside)
22. Water N of bldg-curb Orangethorpe Gas W side of bldg
23. Common Hazards "
24. Description of Operation "
- /26/64 1-14,400# tank } Hydrogen mounted on trailers - S of bldg.
1-39,000# tank }

Inspection by K C A (2/16/66) Firm Representative Marvin Short &
John Ammon

FFD 2/66 - 500

MWNA-WZI 213557

CITY OF FULLERTON
BUREAU OF FIRE PREVENTION
INSPECTION SHEET

Name of Business Trent Tubing 2100 East OrangethorpeOwner _____ Address PRVY-Controlled/PrivacyOccupant Mgr.: R. K. Dickson Address 2100 East OrangethorpeEmergency Phone: PRVY-Controlled/Privacy (Ammon) (Dickson) PRVY-Controlled/Privacy

Hydrant Location _____ Size of Main _____

Fire Dept. Connections: Standpipe N. of bldg. curb Location _____of OrangethorpeSprinkler Main Bldg. Main Valve Location N. side of bldg.Fire Dept. Conn. Location _____ Extra Heads In box E. of mainriser.Best Emergency Entrance North entrance

Type of Building _____ No. of Stairs _____

Kind of Walls Concrete Kind of Floors ConcreteRoof Construction Composition Roof Openings Skylight

Attic Entrance & Location _____ Separation in Attic _____

Floor Separation _____ Fire Doors _____

Basement Entrance _____ Basement Separation _____

Vertical Openings _____ Location _____

Exits (No.) 4 Locations 2 East 1 South 1 NorthOutside Exposures No problem

3-55 Gal. Drums Nitric Acid. 30 Drums (55 gal. ea) Triclane D. (Metal de-
Hazardous Storage Vat & Drums Kind Nitric Acid greasing-grade
trichlorethylene) Approx. 3000 lbs. ammonia storage tank. 5000 lbs.
Location in Building hydrogen gas. 6/26/64: 1-14,400 lb. tank & 1-39,000 lb.
tank of hydrogen mounted on
trailers location S. of bldg.

Meter Location: Light West wall of bldg. (inside)Water N. of bldg. curb of Orangethorpe Gas West side of bldg.

Common Hazards: _____

Inspector _____

(OVER)

A—EXCELLENT
B—GOOD
C—FAIR
D—BAD

RECORD OF INSPECTION

DATE	Condition of Wiring	Condition of Stock or Storage	Trash and Disposal	Heat and Equipment	Fire Protection Equipment	REMARKS	INSPECTOR
10-25-57	B	B	B	B	B	Not in oper. this date. Has 3 15# CO2 & 3 2½ gal. ext.	KCA
11-13-58	B	R	B	B	R		KCA*
11-4-59	B	C	B	C	C		KCA
6-1-61	C O M P A N Y I N S P E C T I O N						"B" SH. Sta. 3
9-27-62	Company Inspection Sta 3 Shift "A"						PEP
6/26/64*	B	C	B	R	B		KCA
8/4/64*	(See remarks below.)						KCA
10/6/65	B	B	C	B	B	see below	KCA

Remarks:

*Rec. class A ext. for office. Isles blocked. Crowded condition in plant. 2 extinguishers not mounted (sitting on floor).

11-4-59 Inspection made with Mr. Ammond. Rec. argon (cylinder) be secured against upset. Rec. additional fire exts. for new addition. Metal containers rec. for storage of dirty shop gloves. Rec. M.S.A. mask be mounted at loc. readily accessible for use.

*6/26/64 Grav. dispensing Class 1 flammable liquid inside bldg.

*8/4/64 Condition same as previous insp. Re-insp.

10/6/65 Dispensing of Class 1 flammable liquid inside building REMOVED.

"AUTOMATIC" SPRINKLER CORPORATION OF AMERICA

Youngstown 1, Ohio

SPRINKLER CONTRACTOR'S CERTIFICATE COVERING MATERIALS AND TESTS

TO F.I.A. + Fullerton Fire
 (Name of Approving Body)
100 E. Main Street (Street Address) Fullerton (City) Calif. (State)

(This form properly executed, should be submitted to the Authority having jurisdiction when requesting inspection and approval of the completed sprinkler equipment. Sprinkler Contractor shall conduct all required tests in the presence of property or plant owner or representative designated by owner.)

Trent T. Co.
 (Name of Plant or Property Owner)

Location: 100 E. Main Street (Street Address) Fullerton (City) Calif. (State)

SPRINKLER PLANS: Submitted for Acceptance Yes..... No.....

Accepted by F.I.A. Organization Date

SPRINKLERS: Buildings Equipped Office Bldg. No. of Sprinklers (total) 18

Make Automatic Type dry Year 1961

Are High-Temperature Sprinklers installed near Unit Heaters and over Hot Processes? Yes..... No.....

SPRINKLER ALARMS: What Buildings are Equipped?.....

Number of Alarm Check Valves..... Flow Indicators.....

Give Maximum Time to Operate Through 1-in. System Test Valve..... Min..... Sec.

All Alarms Left in Service? Yes..... No.....

DRY PIPE OR DELUGE VALVES: What Areas or Buildings are Controlled?.....

Number Installed..... Make and Model.....

How Many Quick Opening Devices Provided?.....

Were Approved Trimmings Provided, including Gauges, Auxiliary Drains, Alarms, etc.? Yes..... No.....

TEST ON DRY PIPE SYSTEM : Dry pipe system tested at..... lbs. Air pressure loss in 24 hrs..... lbs. (Air test should be made at 40 lbs. with loss not exceeding 1½ lbs. in 24 hrs.)

Report of Test WITHOUT Quick Opening Device Air Pressure..... lbs. Water Pressure..... lbs.

Dry Valve Tripped at..... lbs. in..... Minutes..... Seconds Water at Test Valve..... Minutes..... Seconds

Report of Test WITH Quick Opening Device Air Pressure..... Lbs. Water Pressure..... lbs.

Dry Valve Tripped at..... lbs. in..... Minutes..... Seconds Water at Test Valve..... Minutes..... Seconds

Deluge System supervised? Yes..... No..... Operation: Pneumatic..... Electric.....

Has an accessible thermostat been provided in each circuit for testing: Yes..... No.....

Does deluge valve release operate from each circuit? Yes..... No..... Give Maximum time..... Minutes..... Seconds

Does deluge valve release operate from the manual trip and or remote control station? Yes..... No.....

Is installation of dry-pipe or deluge equipment complete? Yes..... No.....

Were system and alarms left in service? Yes..... No.....

REMARKS: 200 L.B. Hydro. test on Office Building

only

UNDERGROUND PIPE AND FITTINGS: Type and Class Pipe Used.....

Type of Joint.....

Are All Fittings Properly Strapped or Backed? Yes..... No.....

Have Proper Clearances been provided at Walls and Footings? Yes..... No.....

HYDRANTS: Type and Make.....

Are all Hydrants Properly Set? Yes..... No.....

Was Provision Made for Drainage? Yes..... No..... All Operate Satisfactorily?

Yes..... No.....

FLUSHING OF UNDERGROUND PIPING: Have Mains for Supply to New Connections and Leads been Thoroughly Flushed in accordance with Standard for Installation of Sprinkler Systems (No. 13)? Yes..... No.....

Where an outside underground piping system constitutes a part of an installation, such system shall be thoroughly flushed out under pressure at recommended flows through hydrants or blow-offs before connections are made to sprinkler risers.

How was Flow Obtained for Flushing?.....

CONNECTIONS: Branches from existing or new underground mains to inside sprinklers shall be flushed out thoroughly *before connecting the sprinkler riser*. A flow of at least 500 gallons per minute should be established in 6-inch lines and smaller, a flow of at least 1000 gallons per minute in an 8-inch line, a flow of at least 1500 gallons per minute in a 10-inch line, and a flow of at least 2000 gallons per minute in a 12-inch line.

TESTS: Has all new sprinkler piping and underground piping been hydrostatically tested? Yes..... No.....

Yes..... No.....

Pressure 200 lbs. for Two Hrs.

Hydrostatic test should be made at not less than 200 lb. for 2 hours or 50 lb. above static pressure where static pressure is in excess of 150 lbs. In systems with differential dry-pipe valves the clappers should be left open during this test to prevent damage.

Underground mains should be tested before joints are covered. Care must be taken to expel all entrapped air and have the main completely full of water. The rate of leakage should be measured by pumping at the specified test pressure from a calibrated container into the section of pipe being tested.

Leakage should not exceed the following:

Pipe size	6 in.	8 in.	10 in.	12 in.	16 in.
Permissible leakage, qts. per 10 joints per hour	2½	3¼	4	5	6½

Leakage measured? Yes..... No..... Was leakage less than the above limits? Yes..... No.....

Dry System also tested at..... lbs. Air Pressure. Air Pressure Loss in 24 Hrs..... lbs.

Air test should be made at 40 lbs. with loss not exceeding 1½ lbs. in 24 hrs.

Pressure Tank tested at..... lbs. for..... hours.

Test should be made at normal water level and air pressure with loss not exceeding ½ lb. in 24 hrs.

BLANK TESTING GASKETS: Number Used?..... All Removed? Yes..... No.....

CONTROL VALVES: Were all Valves Left Wide Open? Yes..... No.....

System Complete and Placed in Operation.....

(Date)

INSTRUCTIONS: Has Person in Charge of Fire Equipment Been Instructed as to Location of Control Valves and care of this New Equipment? Yes..... No.....

Has a Copy of Instruction and Maintenance Chart and the pamphlet "Care and Maintenance of Sprinkler Systems" been Left at Plant? Yes..... No.....

The information on this form has been examined, and the inspection and tests have been witnessed by:

Signed Auto. Sprk. Corp. of America Signed Walter J. Boyer
(Name of Sprinkler Contractor) (for Property Owner)

Signed Walter J. Boyer Date 4-7-67
(for Contractor)

FULLERTON FIRE DEPARTMENT
SPRINKLER INSPECTION INFORMATION

BUILDING Trent Tube

REPORT NO. MFG. 63

ADDRESS 2100 E. Orangethorpe

CONTRACTOR Automatic Sprinkler Corp of America

FOREMAN Walt Bayle

ADDRESS 13100 E. Thirteenth, Santa Fe Springs

6-22-67 Ron Miller

TELEPHONE NO. 521-7222

ITEM	DATE	INSPECTOR
1. SPRINKLER PLANS RECEIVED		
2. SPRINKLER PLANS APPROVED	6-21-67	Edwin L. Hooper
3. SPRINKLER PLANS FORWARDED TO BLDG DEPT	6-21-67	Edwin L. Hooper
4. UNDERGROUND HYDROSTATIC TEST	None required	
5. OVERHEAD HYDROSTATIC TEST	See remarks - 6-22-67 4/7/67	Edwin L. Hooper Karl E. Appelfr.
6. UNDERGROUND FLUSH	None required	
7. FINAL INSPECTION	6/22/67	E.H.

REMARKS: 18 heads added to existing system. (new office addition)

6-21-67 Sheet two of two (addition)

6-22-67 Overhead test of new addition.